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PTG/SB/01-16.00
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted OR Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (6))
required)

Attorney Docket Number	ORAL SEKENDUR	
First Named Inventor	COMPLETE IF KNOWN	
Application Number		
Filing Date	12-29-00	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

One-Piece Disposable Dental Articulator

the specification of which

is attached hereto
as

was filed on (MM/DC/YYYY) []

as United States Application Number; or PCT International

(if applicable)

Application Number [] and was amended on (MM/DC/YYYY) []

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application, having a filing date before that of the application for which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTG/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s):

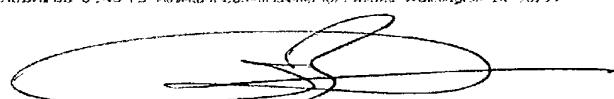
Filing Date (MM/DD/YYYY):

Additional provisional application numbers are listed on a supplemental priority data sheet PTG/SB/02B attached hereto.

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12-29-00



DECLARATION — Utility or Design Patent Application

Direct all correspondence to <input type="checkbox"/> Customer Number _____		<input type="checkbox"/> Bar Code Label _____		<input checked="" type="checkbox"/> Correspondence address below
Name ORAL SEKENDUR Address 399 W. FULLERTON PKWY Address City CHICAGO State IL ZIP 60614 Country USA Telephone 773 880-5574 Fax 773 880-5574				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name ORAL FATIH Family Name or Surname SEKENDUR Inventor's Signature Residence: City CHICAGO State IL USA Country USA Citizenship Mailing Address 399 W. FULLERTON PKWY.				
Mailing Address City CHICAGO State IL ZIP 60614 Country USA				
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Residence: City State Country Citizenship Mailing Address Mailing Address City State ZIP Country				
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto				

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12-29-00

